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571 - 273 - 8300

Art Unit 2181

Vincent Lai

Dariush G. Adli From:

For internal purposes only: Please Return Fax to Rosa V.

November 13, 2006

Client number: 81751.0061

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MESSAGE:

RE: U.S. Patent Application Serial No.: 10/601,005; Our Ref. 81751.0061 I hereby certify that the following documents:

Request for Continued Examination (RCE).

🔯 Petition for Extension of Time with three month Extension Fee (less one month)

November 13, 2006

Date of Deposit

are being facsimiled to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450., for filing in the above-identified application.

Nov-13-2006 14:54

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T-795 P.002/007

FORM PTO-1083

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November 13, 2006 Date of Deposit Firoozeh Vakitzedeh

Attorney Docket No. 81751.0061

11/13/2006

2181

Vincent Lai

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Alexandria, VA 22313-1450, on

Commissioner for Patents

Customer No.: 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Makoto Kudo

Serial No:

10/601,005

Confirmation No.:

5768

Filed:

June 20, 2003

For:

DATA PROCESSING DEVICE AND

ELECTRONIC EQUIPMENT

Mail Stop RCE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*		LG/SM \$ ENTITY FEE		ADD'L FEE QUE	
TOTAL CLAIMS FEE	18	1.1	20		0	LG=\$50 SM=\$25	\$0	\$	٥	
INDEPENDENT	2	1.	3	887	0	LG=\$200 SM=\$100	\$0	\$	0	
CLAIMS FEE LARGE ENTITY FEE = \$360 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS SMALL ENTITY FEE = \$180								5	0	
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) \$250 FOR EACH ADDITIONAL 50 SHEETS								s	0	
Independent Claims: 1 AND 2							\$	٥		

If the entry In Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.

If the "Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.

If the "Highest Number Previously Paid For' IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For (Total or If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, write "3" in this space. Independent) Is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

Please charge the fee of \$____ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

Please charge the fee of \$900. for the extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is 図 enclosed.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims 図

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

HOGAN & HARTSON L.L.P

Date: November 13, 2006

1999 Avenue of the Stars, Suite 1400

Los Angeles, California 90067 Telephone: 310-785-4600 Facsimile: 310-785-4601

gariush G. Adli Registration No. 51,386 Attorney for Applicant(s)